

**MOUNTAIN-VALLEY EMS AGENCY  
POLICIES AND PROCEDURES**

POLICY: **552.80**

TITLE: **CRITICAL CARE PARAMEDIC (CCP)  
AUTOMATIC TRANSPORT  
VENTILATOR (ATV)**

APPROVED: Signature On File In EMS Office  
Executive Director

EFFECTIVE DATE: 9/1/2015  
SUPERSEDES:

Signature On File In EMS Office  
Medical Director

REVIEW DATE: 9/2020  
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**CRITICAL CARE PARAMEDIC (CCP) AUTOMATIC TRANSPORT VENTILATOR (ATV)**

**I. AUTHORITY**

Health and Safety Code, Division 2.5, California Code of Regulations, Title 22, Division 9, Chapter 4

**II. PURPOSE**

To provide a mechanism for Critical Care Paramedics (CCPs) to use, monitor and adjust Automatic Transport Ventilators (ATV's) during interfacility transfers.

**III. POLICY**

- A. Only those Mountain-Valley EMS Agency accredited CCPs who have successfully completed training program(s) approved by the Mountain-Valley EMS Agency Medical Director on midazolam infusions will be permitted to monitor them during interfacility transports while working on a CCP ambulance.
- B. Only those ALS ambulance providers approved by the Mountain-Valley EMS Agency Medical Director will be permitted to provide the service of monitoring midazolam infusions during interfacility transports, from approved hospital(s) within their service area.

**IV. PROCEDURE**

**A. PRIOR TO TRANSFER**

- 1. CCP's will not initiate ventilator support.
- 2. Ventilator support must be regulated by an ATV familiar to the CCP.
- 3. Transferring physicians must be aware of the general scope of practice of paramedics and the transport protocol parameters outlined below.
- 4. Signed transfer orders from the transferring physician will be obtained prior to transport and reviewed with the transferring CCP. Transport orders must provide for maintaining and adjusting ventilations via ATV settings during transport.

**B. DURING TRANSPORT**

1. All patients will be maintained on a cardiac monitor, pulse oximetry, end-tidal CO<sub>2</sub> and a non-invasive blood pressure monitor that will record blood pressure readings every five (5) minutes.
2. Vital signs will be documented every five (5) minutes.
3. CCP's shall continually observe the patient and document patient response to any changes while the device is operational.
4. ATV initial settings and any subsequent changes shall be documented on the PCR.
5. If an ATV failure occurs and cannot be corrected, the CCP is to discontinue use of the ATV and initiate ventilation by bag valve mask and notify the base physician immediately.
6. The CCP is responsible for all airway management and must frequently reassess endotracheal tube placement. Endotracheal tube placement shall be checked after each patient movement using Mountain-Valley EMS Agency Policy 554.00 – General Protocols.

**C. VENTILATOR REQUIREMENTS**

The ventilator that the Provider is to use must be able to match the existing ventilator settings and shall include the following minimum device features (including circuit):

1. Modes:
  - a. Assist Control (AC)
  - b. Synchronized Intermittent Mandatory Ventilation (SIMV)
  - c. Controlled Mechanical Ventilation (CMV)
2. Set rate of ventilations
3. Adjustable delivered tidal volume
4. Adjustable FiO<sub>2</sub>
5. Positive End-Expiratory Pressure (PEEP)
6. Adjustable Inspiratory and Expiratory ratios (I:E ratio)
7. Peak airway pressure gauge

8. Alarms:
  - a. Peak airway pressure
  - b. Disconnect
- D. Providers approved for use of this equipment must follow the manufacturer's instructions regarding the use, maintenance, cleaning and regular testing of this device. At minimum, ATV equipment shall undergo preventative testing and maintenance by qualified manufacturer's representative personnel or designee annually.
- E. CCP's must be thoroughly trained and regular retrained in the device's use. Such training shall occur no less than annually and shall be documented.
- F. All calls will be audited by the ambulance provider agency and by the transferring hospitals. Audits will assess compliance with physician orders and regional protocols, including base hospital contact in emergency situations. Reports will be sent to the EMS Agency as requested.